

Scan Highlights

Assets	Potential Gaps
<ul style="list-style-type: none">Programs accounted for 66% of surveys.	<ul style="list-style-type: none">Policies constituted 9% of all surveys submitted.
<ul style="list-style-type: none">Elementary and middle school-age children were the target 80% and 77% of reported initiatives, respectively.	<ul style="list-style-type: none">The infant/toddler and preschool age groups were the target of 23% and 35% of reported efforts, respectively.
<ul style="list-style-type: none">39% of reported efforts were being conducted statewide.	<ul style="list-style-type: none">No respondents represented business, child care centers or preschools.
<ul style="list-style-type: none">Respondents from government and non-profit organizations contributed more than half of surveys.	

Healthy Kids, Healthy Michigan

Statewide Scan of Childhood Obesity Programs, Policies and Resources in Michigan



Conclusion and Next Steps

Overall, the scan revealed that Michigan has a large number of programs and informational resources dedicated to childhood obesity, however few policies exist. This may explain some of the challenges Michigan has had in reversing childhood obesity trends. The results from this scan will be used by partners in the Healthy Kids, Healthy Michigan project to create a strategic policy agenda for Michigan. In addition, full survey results will be provided to all survey contacts and respondents as a resource guide for their county.

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¹ Puhl RM, Brownell KD. Psychosocial origins of obesity stigma: toward changing a powerful and pervasive bias. *Obesity Reviews* 2003;4:213-227.
² Janssen I, Craig WM, Boyce WF, Pickett W. Associations between overweight and obesity with bullying behaviors in school-aged children. *Pediatrics* 2004;113:1187-1194.
³ Finkelstein EA, Ruhm CJ, Kosa KM. Economic causes and consequences of obesity. *Annual Review of Public Health* 2005;26:239-257.
⁴ Johnston LD, Delva J, O'Malley PM. Soft drink availability, contracts, and revenues in american secondary schools. *American Journal of Preventive Medicine* 2007;33(4S):S209-S225.
⁵ Council on Sports Medicine and Fitness; Council on School Health. Active healthy living: prevention of childhood obesity through increased physical activity. *Pediatrics* 2006;117(5):1834-1842.

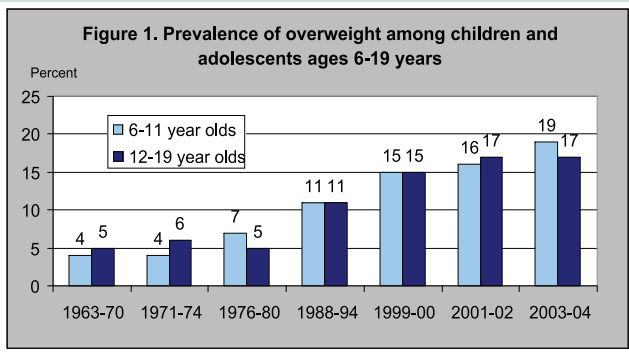
Background

Childhood obesity has risen to the forefront of the public health agenda. Fueled by unhealthy eating habits and physical inactivity, childhood obesity rates have climbed steadily across the United States over the past four decades (Figure 1). Michigan has experienced similar trends in obesity rates (Table 1). This is concerning because obesity is associated with a number of adverse consequences, including increased risk of chronic diseases such as cardiovascular disease, Type 2 diabetes, and some types of cancer, as well as social and emotional trouble including peer stigmatization, discrimination and bullying.^{1,2} In addition to jeopardizing the health of Michigan's future, obesity also weighs heavily on the health care system, both in terms of increased use of health care services and increased medically related health care expenditures.³

The changes to our environment and lifestyles that have contributed to obesity represent a complex web of interrelationships. Increased consumption of foods away from home, larger portion sizes, increased television viewing, decreased walking and biking to school, increased consumption of soft drinks and lack of physical education in schools (Figure 2) may all contribute.^{4,5}

Expert organizations including the Centers for Disease Control and Prevention, Institute of Medicine, and American Academy of Pediatrics agree that instituting policies that protect the health of youth through providing healthful foods and opportunities for physical activity are a key strategy in reducing childhood obesity. Michigan has several policies in place to protect children's health. Many of these policies are aimed at schools, where the majority of children spend a large percentage of their time.

Executive Summary



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. Nutrition Health Examination Survey.

Table 1. Prevalence of overweight and at risk for overweight among adolescents in grades 9-12.

	Michigan	U.S.
Overweight	12%	13.1%
At risk for overweight	13%	15.7%

SOURCE: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2005.



School Policies Affecting Childhood Obesity in Michigan

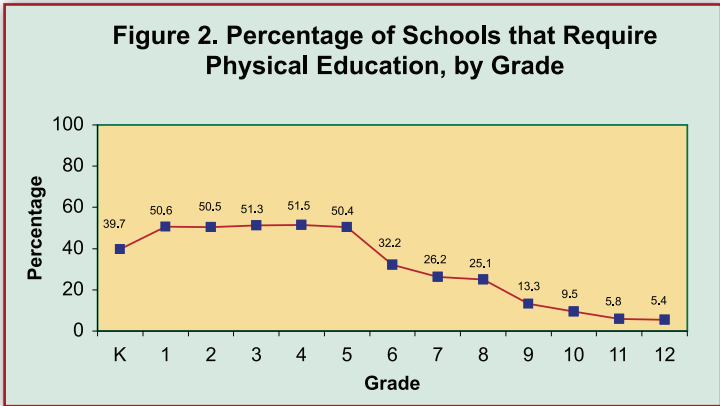
MICHIGAN SCHOOLS HAVE:

- Physical education requirements
- Health education requirements

MICHIGAN SCHOOLS DO NOT HAVE:

- Nutritional standards for school meals that are stricter than existing United States Department of Agriculture standards
- Nutritional standards for foods served outside of school meals (competitive foods)
- Policies limiting access to competitive foods
- Policies requiring BMI collection activities

Source: Trust for America's Health. F as in Fat: How Obesity Policies are Failing America, 2007.



Source: Centers for Disease Control and Prevention. School Health Policies and Programs Study, 2000.

Healthy Kids, Healthy Michigan Project

In 2007, Michigan received a National Governor’s Association award through the Healthy Kids, Healthy America Program to conduct the Healthy Kids, Healthy Michigan project. The goal of this project is to create a strategic policy agenda to reduce childhood obesity in Michigan. In preparation for creating this agenda, Michigan conducted a statewide scan of childhood obesity programs, policies and resources.

Statewide Scan Methods

The scan was accomplished using a three-step approach: initial telephone contact, email web-based survey and follow-up contact with non-responders. More than 150 state and local organizations, including at least one representative from each of Michigan’s 83 counties, were contacted to report on their policies, programs and resources related to childhood obesity. Examples of organizations contacted include: local health departments, YMCAs, universities, hospitals, businesses and non-profit agencies such as American Heart Association and American Cancer Society. Ninety-four organizations completed a survey, yielding a response rate of 61%. A total of 208 surveys were completed by these organizations.

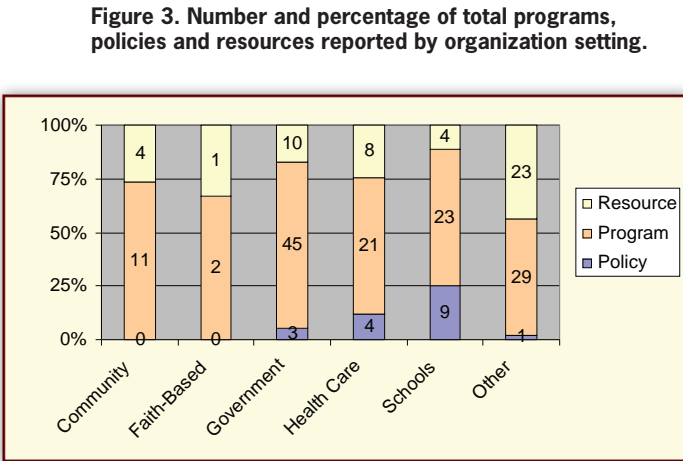
Key Findings

Government and Non-Profit Organizations Submitted the Largest Number of Surveys

The majority of respondents represented government (30%), followed by “other” (27%). The majority of organizations in the “other” category were non-profit (62%). There were no respondents representing businesses, child care or preschools.

9% of Surveys Completed Were Policies

Of the 208 surveys collected, 132 surveys applied to a program, 50 applied to a resource and 17 applied to a policy (Figure 3).



Elementary School-Age Youth Were the Target of the Largest Number of Efforts

The primary target audience for all reported policies, programs and resources is elementary age children followed by middle school and high school age youth. The infant/toddler and preschool age target audiences had the least number of policies, programs and resources submitted (Table 2).

Table 2. Target audience of programs, policies and resources		
Target Audience	Number of programs, policies and resources	Percentage of programs, policies and resources
Infant/Toddler	44	23
Preschool Age	68	35
Elementary School Age	155	80
Middle School Age	150	77
High School Age	122	63

More Than One-Third of Reported Efforts are Conducted State Wide

Results showed that 79 (39%) of the policies, programs and resources reported were identified as a statewide effort. The remaining efforts were distributed among all of the rest of Michigan’s counties, with the largest concentration of efforts in Wayne (10%), Kent (9%) and Oakland (8%) counties.



DEFINITIONS OF KEY TERMS

What is a policy?
A policy is defined as those laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior.

What is a program?
A program is sometimes called a project or intervention and consists of a prescribed series of activities conducted with the main purpose of changing and/or influencing existing obesity-, nutrition- and physical activity-related behaviors and/or practices. The following examples are NOT considered to be programs:

- Curriculum that has been purchased or designed and not put into use
- Curriculum that has been purchased or designed and not tailored to the target audience
- Training alone (can be an important part of an intervention)
- Conference participation and health fairs
- Presentations at conferences and forums
- Coalition or task force meetings

What is a resource?
A resource is any type of information (print, web, radio, television, etc.) designed for reference or education for a target population or practitioners.